

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
Phoenix Area Indian Health Service  
Southwest Region – Office of Human Resources,  
Two Renaissance Square, 40 North Central Avenue, Suite 510, Phoenix, AZ 85004-4424

*Preference in filling vacancies is given to qualified Native American Indian Candidates or Alaska Natives in accordance with the INDIAN PREFERENCE ACT, TITLE 25, US CODE, SECTION 472 & 473. In other than the above, the Indian Health Service is an Equal Opportunity Employer.*

**REANNOUNCED** to solicit additional applications. If you previously submitted an application, you do not need to reapply unless you would like to update your information.

<b>ANNOUNCEMENT NUMBER:</b>	<b>OPENING DATE:</b>	<b>CLOSING DATE:</b>
<b>SWR-08-0248-2</b>	<b>09/18/2008</b>	<b>10/30/2008</b>

<b>POSITION TITLE/SERIES/GRADE:</b>	<b>Medical Officer (Administrative/Specialty*), GS-0602-14/15</b> *Speciality Fields: Family Practice, Emergency Medicine, Internal Medicine & Pediatrics
<b>TITLE 38 SALARY RANGE:</b>	\$160,000 TO \$185,000
<b>PROMOTION POTENTIAL:</b>	GS-15
<b>SUPERVISORY/MANAGERIAL:</b>	Yes, requires one year probationary period
<b>RELOCATION EXPENSES:</b>	Will be paid in accordance with Federal Travel Regulations.
<b>APPOINTMENT/WORK SCHEDULE:</b>	One Permanent Full-Time
<b>AREA OF CONSIDERATION:</b>	All Sources
<b>DUTY LOCATIONS:</b>	Hopi Health Care Center, Polacca, AZ

**JOB DESCRIPTION:** This position serves as the Assistant to the Clinical Director in the Clinical Services Division of the Hopi Health Care Center (HHCC). As a medical administrator, exercises managerial responsibility for the planning, development, organization, integration, administration and evaluation of a health care delivery system or service. Responsibilities can include management of clinical, community health, and administrative activities and requires development in the unique health care needs of the patient population served and, with available resources, to plan, develop, and implement the health care tailored to those needs. Serves as advisor and consultant to community groups on such needs and integrates plans to maximize health services. Promotes utilization of health service resources to improve the health of the Indian people.

**WHO MAY APPLY:** All Sources. Federal employment status is not required. U.S. citizenship is required.

- Excepted Service Examining Plan Candidates (ESEP) – Individuals entitled to Indian Preference who wish to be considered for excepted appointment in IHS, under authority of 5 CFR, Part 213, Schedule A 213.3116(B)(8).
- Merit Promotion Plan Candidates (MPP) – Current permanent competitive Federal status employees, reinstatement eligible, and current IHS Indian Preference individuals and/or individuals who are eligible for excepted appointment in IHS under some other authority (e.g., handicapped authority, etc).
- PHS Commissioned Corps Officers – Current active or inactive Commissioned Officers may apply.
- Veteran's Preference - Preference eligible veterans who have been separated from the armed forces under honorable conditions after 3 years or more of continuous active service may apply.
- Non-Status Candidates: Applications will also be accepted from non-status candidates (Individuals who have never been employed by the federal government) and individuals eligible for non-competitive appointments. (e.g., applicants eligible for appointment under the Veterans Readjustment Act, the severely handicapped, those with a 30 or more compensable service connected disability).

**Indian Preference applicants must indicate on their applications whether they are applying under the MPP, ESEP, or both. If not indicated, they will be considered under the MPP.**

Qualified disabled applicants (Rehabilitation Act of 1973) and disabled veterans with 30% or more disability are encouraged to apply. Reasonable accommodations will be made for qualified applicants with disabilities, except when doing so would impose undue hardship on the Indian Health Service.

**CONDITIONS OF EMPLOYMENT:**

1. Selectee(s) are required to be immunized against Measles and Rubella and provide documentation prior to or at the time of their start date. Special consideration may be allowed to individuals who are allergic to a component of the vaccine or are currently pregnant. Selectee must have documented immunity to Rubella and Measles
2. Selectee(s) are required to complete Security questionnaire and fingerprint chart for investigative purposes under PL 101-630 Indian Child Protection and Family Violence Prevention Act. Persons, who have been arrested for or charged with a crime involving a child, or violent crime against a person, are not eligible for employment with IHS under PL 101-630.

3. Selectee(s) are required to complete a “Declaration of Federal Employment – Optional Form 306” to determine your suitability for Federal Employment, and to certify the accuracy of all the information in your application. Persons making false statements in any part of the application may not be hired; or fired after employment starts; or may be fined.
4. Males born after December 31, 1959 are required to be registered with the Selective Service System in order to be eligible for employment with the Federal Government.
5. Selectee(s) are required to have a viable bank account at a financial institution for electronic direct deposit of salary payment.
6. Some service units operate under extended service hours 7 days per week.
7. The incumbent may be required to travel and must possess a valid driver’s license.

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## QUALIFICATION REQUIREMENTS:

### **A. Basic Requirements: For all grades, candidates must meet the following educational, training, and licensure requirements. Priority Consideration will be given to applicants who are board eligible or board certified in the related specialty fields.**

**Degree:** A Doctor of Medicine or Doctor of Osteopathy degree from a school in the United States or Canada approved by a recognized accrediting body in the year of the applicant's graduation; A Doctor of Medicine or equivalent degree from a foreign medical school, which provided education, and medical knowledge substantially equivalent to accredited school in the United States. Comparability may be demonstrated by permanent certification by the Educational Commission for Foreign Medical Graduates (ECFMG) or a fifth pathway certificate for American students who completed premedical education in the United States and graduate education in the foreign country.

**Graduate Training:** Subsequent to obtaining a Doctor of Medicine or Doctor of Osteopathy degree, a candidate must have had at least one year of supervised experience providing direct service in a clinical setting, i.e., a one year internship or the first (transitional) year of a residency program in an institution accredited for such training. For the purposes of this standard, graduate training programs include only those internships, residency, and fellowship programs that are approved by accrediting bodies recognized within the United States or Canada. Listings of accredited programs are published yearly in the Directory of Residency Training Programs and the Yearbook and Directory of Osteopathic Physicians.

- *An internship program* involved broadly based clinical practice in which physicians acquire experience in treating a variety of medical problems under supervision (e.g., internal medicine, surgery, general practice, obstetrics-gynecology, and pediatrics). Such programs are in hospitals or other institutions accredited for internship training by a recognized body of the American Osteopathic Association (AOA).
- *A residency program* involves training in a specialized field of medicine in an institution accredited for training in the specialty by a recognized body of the American Medical Association (AMA) or AOA.
- *A fellowship program* involves advanced training (beyond residency training) in a given medical specialty in either a clinical or research setting in a hospital or other institution accredited in the United States for such training.

**Licensure:** Candidates must have a permanent, current full and unrestricted license to practice medicine in a State, District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States. Applicants will be accepted from physicians who are not currently licensed; however, if selected for appointment, you must (a) obtain a license before entering on duty, or (b) meet one of the provisions below:

- *Appointments Pending Meeting License Requirements:* Individual circumstances may warrant appointments pending meeting license requirements (e.g., when a candidate has temporary license to practice until the next regular session of the licensing board). **Persons appointed pending licensure may not be retained beyond one year if they do not obtain the license.**

**Public Health Service (PHS) Licensure Policy:** Each PHS physicians must possess and maintain a current and unrestricted license in a State.

### **B. Additional Requirements for GS-14 and above:** Candidates must have knowledge, skills, and abilities appropriate to the position(s) being filled. Experience and training must have been progressive and responsible, demonstrating good knowledge of current principles, practices, methods, and techniques in the field of medicine.

**Clinical and Training Programs for Specialist Positions:** Specialist positions require graduate training and experience related to the specialty and subspecialty of the position to be filled. *Experience may not be substituted for training essential for performing specialized duties.* The length of content of residency programs depends upon the specialization and requirements of recognized accrediting American medical specialty boards. These boards are authorized to conduct examinations to determine the competence of physicians in the specialty, to issue certificates of qualification, to participate in evaluating the quality of residency programs, and to determine their requirements for certification. Medical Officers in clinical and training programs practice medicine in hospitals, clinics, or other medical facilities where there is direct service to patients. Eligible specialty fields are: Family Practice, Emergency Medicine, Internal Medicine and Pediatrics.

**Specialty Field Positions:**

GS-14: 4 years of residency training in the specialty of the position to be filled or equivalent experience and training.

GS-15: 5 years of residency training in the specialty of the position to be filled or equivalent experience and training.

**Supervisory or Managerial Abilities:** Candidates must have demonstrated in their work experience or training that they possess, or have the potential to develop, the qualities of successful supervision, as listed under the appropriate categories below:

1. First level supervisory position:
  - a. Ability to motivate, train, and work effectively with subordinates who have a variety of backgrounds and training.
  - b. Ability to accomplish the quality and quantity of work expected within set limits of cost and time.
  - c. Ability to plan own work
  - d. Ability to communicate with others effectively both orally and in writing in working out solutions to problems or questions relating to work.
  - e. Ability to understand and further management goals as these effect day-to-day operations.
  - f. Ability to develop improvements in or design new work methods and procedures.
2. Supervisory positions at second and higher levels. In addition to the abilities required for first level supervisory positions, candidates for supervisory positions at second and higher levels must possess, or have the potential to develop, the following:
  - a. Ability to deal effectively with individuals or groups representing widely divergent backgrounds, interests, and points of view.
  - b. Ability to adjust work operations to most emergency or changing programs of production requirements within available resources and with minimum sacrifice of quantity or quality of work.
  - c. Ability to establish program objectives or performance goals and to assess programs towards their achievement.
  - d. Ability to coordinate and integrate the work activities of several organizational segments of several different projects.
  - e. Ability to analyze organizational and operational problems and develop timely and economical solutions.
  - f. Ability to represent the activity both within and outside the organization or agency and to gain support for the agency's program goals.

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**TIME IN GRADE:** Candidates must have completed at least one year of service in a position no more than one grade lower than the position to be filled. (If selected under the Excepted Service Examining Plan, such individuals may be appointed under Schedule A authority without regard to Time-In-Grade requirements.)

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**LEGAL AND REGULATORY REQUIREMENTS:** Candidates must meet time-after competitive appointment, time-in-grade, and qualification requirements within 30 calendar days after the closing date of the vacancy announcement.

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**METHODS OF EVALUATION:** Evaluation is made on the basis of appropriate education, experience, performance appraisals, training, self-development, outside activities and special awards. Experience related to tribal involvement and to Indian community projects will also be evaluated. Applicants will also be evaluated on the following ranking factors, i.e., Knowledge, Skills, and Abilities (KSA's)

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**SUPPLEMENTAL QUESTIONNAIRE on KNOWLEDGE, SKILLS, AND ABILITIES (KSA):** On a separate sheet of paper, discuss how you performed (or have potential to develop) the particular knowledge, skill, or abilities listed below. (Failure to submit written responses as part of your application may result in an ineligible rating.)

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**KSA's for Medical Officer (Administrative/Specialty), GS-0602-14/15:**

1. Ability to exercise managerial responsibility for the planning, development, organization, integration, administration and evaluation of the health care delivery system or services.
2. Knowledge of Indian Health Service policies, procedures, rules and regulations, or equivalent.
3. Knowledge and ability to establish and maintain interpersonal relationships with tribal officials, community organizations, and Area Office staff, or equivalent.

**HOW TO APPLY/REQUIRED FORMS: *(Incomplete applications will NOT be considered)***

1. Applicants may use on the following to apply: (1) OF-612 Optional Application for Federal Employment, **or** (2) Resume (see requirements in **Attachment A**).
2. If claiming Indian Preference, BIA 4432 "Verification of Indian Preference for Employment in BIA and IHS".
3. If claiming Veteran's Preference, copy of DD-214 Form, and SF-15 if claiming 10 point Veteran's Preference.
4. Copy of latest Personnel Action (SF-50), if a current or former employee, and/or if requesting Reinstatement Eligibility.
5. Copies of college transcripts associated with your Medical Degree.
6. Supplemental Qualification Statement for Medical Officers (**form attached**)
7. Copy of current unrestricted **Medical License**.
8. Copy of Medical Diploma.
9. Copy of certification of specialty, if applicable.
10. Completed PL 101-630 Questionnaire (**form attached**)
11. Completed Selective Service Registration Form (**form attached**)
12. Written Responses to the Knowledge, Skills, and Abilities (KSA)

(**OPTIONAL** ~ failure to submit may result in an ineligible rating or substantially lower score).

10. Commissioned Corps Officer: (1) Curriculum Vitae (CV), (2) Medical License, (3) completed PL 101-630 Questionnaire, (4) latest COER, (5) current Billet Description, (6) BIA FORM 4432 if claiming Indian Preference, and response to Knowledge, Skills and Abilities (KSA's).

**Application and required forms must be identified by this announcement number and submitted to the address below:**

**ATTN: SWR-08-0248-2  
Office of Human Resources  
Phoenix Area Indian Health Service  
Two Renaissance Square  
40 North Central Avenue, Suite 510  
Phoenix, AZ 85004**

**Phone: (602) 364-5219  
Fax: (602) 364-5176**

All submitted materials are subject to retention by this office. Your application must be received by 12:00 AM (Midnight) the day the vacancy closes. Facsimile is acceptable. You should duplicate and retain copies, since requests for copies will not be honored. Additional information regarding Federal job opening can be obtained at [www.opm.gov](http://www.opm.gov), or at USAJOBS [www.usajobs.opm.gov](http://www.usajobs.opm.gov) or check the IHS Website at [www.ihs.gov](http://www.ihs.gov). All documents are subject to the provision of the Privacy Act (PL 93-579) and become the property of Department of Health and Human Services (DHHS).

**Additional selections of candidates may be possible within 90 days from the date the certificate of eligible is issued for this announcement, for filing additional or similar positions.**

**This position is in a Smoke-Free Environment.**

Human Resource Specialist: (Call 602-364-5219 to contact a Human Resources Specialist) Date: 03/18/2008

## **ATTACHMENT A**

**Resume Requirements** - Your resume or other application format must contain the following information to allow for qualification determination.

- Identify your application/resume by the announcement number, title and grade(s)
- Full Name (first, middle, last ~ include other names used, i.e., maiden name)
- Mailing Address
- Phone Number where you can be reached
- Email Address (if applicable)
- Social Security Number
- Country of citizenship
- Education: list high school and colleges attended, type of degree (list major) received, date of degrees conferred, and city and state of school.
- Work Experience: (include non-paid work as well as paid)
  - Job Title (if Federal employment, indicate series and grade)
  - Duties and Accomplishments
  - Employer's name and Address
  - Employer's name and phone number
  - Starting and ending dates of employment (month/year)
  - Hours of work per week
  - Salary
  - Indicate if you do not want us to contact your current supervisor  
(if not specified, it will be assumed that we may do so)
- List job related training (title, year obtained, hours of training)
- Honors or awards received
- License or certificates obtained (submit with application)
- Special accomplishments (i.e., publications, memberships, leadership and community recognition, etc)

Indicate if you do not want your current supervisor contacted for reference purposes.

## **ATTACHMENT B**

1. You may be eligible for special selection priority consideration under the Career Transition Assistant Program (CTAP) if you are a current career or career-conditional (tenure group I or II) employee of the DHHS Agency at the GS-15 grade level or below or equivalent, and who has received a specific RIF separation notice or a Certificate of Expected Separation indication your job is surplus, or notice of removal for declining a directed reassignment or transfer of function outside the local commuting area. To qualify for special selection priority consideration under CTAP you **MUST** also meet the criteria shown in paragraph 3 below.
2. You may be eligible for special selection priority consideration under the Interagency Career Transition Assistance Program (ICTAP) if you are a current or former career-conditional (tenure group I or II) employee of any agency in the competitive service at the GS-15 grade level or below or equivalent, who has received a specific RIF separation notice or a notice of proposed removal for declining a directed reassignment or transfer of function outside the local commuting area. You may also be eligible if you were separated because of a compensable injury and your compensation has been terminated; or you retired with a disability and your disability annuity has been or is being terminated; or you were in receipt of a RIF separation notice and retired on the effective date of the RIF or under discontinued service; or you are a former Military Reserve Technician or National Guard Technician who is receiving a special disability retirement annuity from OPM. To qualify for special selection priority consideration under ICTAP you **MUST** also meet the criteria shown in paragraph 3 below.
3. To qualify for special selection priority consideration under CTAP or ICTAP for this vacancy, you **MUST** also meet **ALL** of the following:
  - (a) Have a current or last performance rating of record of at least fully successful or equivalent. A copy **MUST** be submitted with your application package. (Note: this requirement does not apply to candidates who are eligible due to compensable injury or disability retirement).
  - (b) Be applying for a position at or below the grade level from which you will be, or have been separated, and which does not have a greater promotion potential than the position from which you will be, or have been separated.
  - (c) Occupy or be displaced from a position in the same local commuting area of the position for which you are requesting priority consideration.
  - (d) File your application by the vacancy announcement closing date and meet all the applicable criteria. Your application **MUST** include **ALL** documents that support your claim of eligibility for priority consideration – RIF separation notice, or notice of proposed removal for declining a directed reassignment or transfer of function to another commuting area; SF-50 Notification of Personnel Action, showing that they were separated as a result of RIF, or declining a transfer of function or directed reassignment to another area; official certification from an agency stating that it cannot place an individual whose injury compensation has been or is being terminated; or official notification from the Military Department or National Guard Bureau that the employee has retired under 5 USC 8337(h) Or 8456.
  - (e) Be rated “well qualified” for this position. A numerical rating of 85 is considered to be well qualified for this position.

## APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

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If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law {5 U.S.C. 3328} requires that you must be registered with the Selective Service law, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for employment by executive of the Federal Government.

### CERTIFICATION OF REGISTRATION STATUS

Check one:

- ☐ I certify I am registered with the Selective Service System.
- ☐ I certify I have been determined by the Selective Service to be exempt from the registration provisions of Selective Service law.
- ☐ I certify I have not registered with the Selective Service System.
- ☐ I certify I have not reached my 18<sup>th</sup> birthday and understand I am required by law to register at that time.

### NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at the United States Post Office or consular office if you are outside the United States.

### NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. According, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel agency Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision though the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with an explanation and documentation you wish to furnish to prove that your failure to register to register was neither knowing nor willful.

### PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C 3328, failure to provide the information requested by the statement failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with the Selective Service System and may be furnished to other Federal agencies for law enforcement or other authorized use in implementing this law.

### FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (Section 1001 of title 18, United States Code.)

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Legal signature of individual {please use ink}

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Date signed {please use ink}

**Addendum to Declaration for Federal Employment (OF 306)**  
**Indian Health Service**  
**Child Care & Indian Child Care Worker Positions**

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**Item 15a. Agency Specific Questions**

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

(Please print)

**Job Title in Announcement:** Medical Officer (Administrative/Speciality) **Anno. Number:** SWR-08-0248-2

Section 231 of the Crime Control Act 1990, Public Law 101-647, requires that employment applications for Federal child care positions contain a question asking whether the individual has ever been arrested for or charged with a crime involving a child and for the disposition of the arrest or charge.

Section 408 of the Miscellaneous Indian Legislation, Public Law 101-630, contains a related requirement for positions in the Department of Health and Human Services that involve regular contact with or control over Indian children. The agency must ensure that persons hired for these positions have not been found guilty of or pleaded nolo contendere or guilty to certain crimes.

To assure compliance with the above laws, the following questions are added to the Declaration for Federal Employment:

- 1) Have you ever been arrested for or charged with a crime involving a child? YES\_\_\_\_\_ NO\_\_\_\_\_

*[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name and address of the police department or court involved.]*

- 2) Have you ever been found guilty of, or entered a plea of nolo contendere (no contest) or guilty to, any felonious or misdemeanor offense under Federal, State, or tribal law involving crimes of violence; sexual assault, molestation, exploitation, contact or prostitution; or crimes against persons; or offenses committed against children?  
YES\_\_\_\_\_ NO\_\_\_\_\_

*[If YES, provide the date, explanation of the violation, disposition of the arrest or charge, place of occurrence, and the name address of the police department or court involved.]*

I certify that (1) my response to these questions is made under penalty of perjury, which is punishable by fines of up to \$2,000 or 5 years imprisonment, or both; and (2) I have received notice that a criminal check will be conducted. I understand my right to obtain a copy of any criminal history report made available to the Indian Health Service and my right to challenge the accuracy and completeness of any information contained in the report.

\_\_\_\_\_  
**Applicant's Signature (sign in ink)**

\_\_\_\_\_  
**Date**

Public Burden Statement: In accordance with Paperwork Reduction Act (5 CFR 1320.8 (b)(3)), a Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Respondents must be informed (on the reporting instrument, in instructions, or in a cover letter) the reasons for which the information will be collected; the way the information will be used to further the proper performance of the functions of the agency; whether responses to the collection of the information are voluntary, required to obtain a benefit (citing authority), or mandatory (citing authority); and the nature and extent of confidentiality to be provided, if any (citing authority). Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection information. Send comments regarding the burden estimate or any other aspect of this collection of information to the IHS PRA Information Collection Clearance Staff, 12300 Twinbrook Parkway, Suite 450, Rockville, MD 20852.  
***Please do not send completed data collection instruments to this address.***

FORM APPROVED: O.M.B. NO. 0917-0028

Expires 02/28/2009

**SUPPLEMENTAL QUALIFICATIONS STATEMENT**



**Medical Officer (Administrative/Specialty), GS-14/15**

(You are required to complete and submit this form with your application)

Name (Last, First, Middle) \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address (Number, Street, City, State, Zip Code) \_\_\_\_\_

Basic Professional Training (Name and Location of School) \_\_\_\_\_

Type of Degree (e.g., MD, DO) and Date Received: \_\_\_\_\_

If your degree was received in a school outside of the U.S. have you passed the examination given by the Education Council for Foreign Medical Graduates (EMCFMG)? Yes ( ☐ ) No ( ☐ )

Date of ECFMG Certificate (if applicable): \_\_\_\_\_

Are you a U.S. Citizen? Yes ( ☐ ) No ( ☐ )

Are there any adverse action(s) taken or pending by any Medical Licensing Board or prior Medical Staff, which may preclude granting of full and unrestricted medical privileges at our IHS Facilities?

\_\_\_ Yes \_\_\_ No If yes, please provide an explanation: \_\_\_\_\_

**INTERNSHIP:**

Type of Internship and Specialty \_\_\_\_\_

Name and Location of Hospital (City and State) \_\_\_\_\_

Name of Chief of Service or Program Director \_\_\_\_\_

Dates Attended (Month/Year) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date Certificate Received \_\_\_\_\_

**RESIDENCY TRAINING AND FELLOWSHIP:**

Name of Specialty \_\_\_\_\_

Name and Location of Hospital (City and State) \_\_\_\_\_

Name of Chief of Service or Program Director \_\_\_\_\_

Dates Attended (Month/Year) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Date Certificate Received \_\_\_\_\_

**OTHER GRADUATE EDUCATION:**

Major field of study or program \_\_\_\_\_

Name and Location in Institute (City and State) \_\_\_\_\_

Date Certificate, Diploma, or Degree Received \_\_\_\_\_

Dates Attended (Month/Year) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**CERTIFICATION BY A SPECIALTY BOARD:**

Are you eligible for certification by an American Specialty Board? Yes [ ☐ ] No [ ☐ ]

Are you board certified by an American Specialty Board? Yes [ ☐ ] No [ ☐ ]

If your answer is 'yes' to either question, furnish the following:

Name of Specialty Board \_\_\_\_\_

Specialty \_\_\_\_\_

Date of Certification \_\_\_\_\_

**CERTIFICATION**

I, certify that all of the statements made in the above questionnaire are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date